

## **BOARD/COMMISSION APPLICATION FORM**

(Please print or type)

Name:(Last)			
		(Full Middle Name)	
City of Residence:		Island:	
Current Employer & Position:			
Business Phone:	Business Fax:	Email (optional):	
Please indicate why you are i	nterested in serving and what skills y	ou may have to contribute:	
Employment History			
Employment History: From	To		
Political Affiliation: Section 13-2(2) of the Charter, Coupolitical party; therefore, please indice Community and Professional	ate if registered/card carrying member of a po	are majority of members of a board or commission belong to the same olitical party. If not, indicate "None" or "Independent."	
Previous County Experience	(employment or board member):		
Educational Background:			
	nd Certification of Truthfulness arments are true and accurate to the b	•	
Signature:		Date:	

Most board/commission appointments are subject to confirmation by the Maui County Council. Most of these positions are for five-year terms. If you are selected as a nominee, the information contained on this form will be provided to the public upon request.

Please send completed forms to **OFFICE OF THE MAYOR, 200 SOUTH HIGH STREET, WAILUKU, HAWAII 96793**; or fax to 270-7870. For further information, call 270-7855; on Lana`i, call 1-800-272-0125; on Moloka`i, call 1-800-272-0117.



## BOARD/COMMISSION APPLICATION CONTACT INFORMATION AND PREFERENCES

The information contained on this form is considered CONFIDENTIAL and will not be made available to the public.

CONTACT INFORMATION:		
Name:		
(Last)	(First)	(Full Middle Name)
Home Address:		
Mailing Address:		
Home Phone:		
Home Fax:		
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1	5	
2	6	
3		
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